

<b>FINANCIAL AFFIDAVIT</b> <small>Rev. 3/98</small>	
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE	
IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input checked="" type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)	
IN THE CASE OF <u>US</u> v.s. <u>SMITH</u>	FOR AT
PERSON REPRESENTED (Show your full name) <u>COREY SMITH</u>	
CHARGE/OFFENSE (describe if applicable & check box →) <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <u>21 USC 841; 860</u>	
DOCKET NUMBERS Magistrate District Court <u>04-10111-MEL-03</u> Court of Appeals	
<b>ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY</b>	

<b>EMPLOYMENT</b>	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed								
	Name and address of employer: _____								
	IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment How much did you earn per month? \$ _____							
	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____							
<b>ASSETS</b>	<b>OTHER INCOME</b>	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED SOURCES IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____							
	<b>CASH</b>	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____							
<b>PROPERTY</b>	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
	<b>IF YES, GIVE THE VALUE AND \$ DESCRIBE IT</b>	<b>VALUE</b>	<b>DESCRIPTION</b>						
DEPENDENTS { <table style="display: inline-table; vertical-align: top; margin-left: 10px;"> <tr> <td style="text-align: center;">MARITAL STATUS</td> <td style="text-align: center;">Total No. of Dependents</td> <td style="text-align: center;">List persons you actually support and your relationship to them</td> </tr> <tr> <td> <input checked="" type="checkbox"/> SINGLE  <input type="checkbox"/> MARRIED  <input type="checkbox"/> WIDOWED  <input type="checkbox"/> SEPARATED OR  <input type="checkbox"/> DIVORCED         </td> <td style="text-align: center; vertical-align: bottom;"> <u>0</u> </td> <td>         _____          _____          _____       </td> </tr> </table>				MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED	<u>0</u>	_____ _____ _____
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<b>OBLIGATIONS &amp; DEBTS</b>	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)								
	APARTMENT OR HOME:	Creditors	Total Debt Monthly Paymt.						
		<u>LAUNDRY FEES</u>	\$ _____						
		<u>HOSPITAL BILLS</u>	\$ <u>15,000</u>						

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

4/15/04

 SIGNATURE OF DEFENDANT  
 (OR PERSON REPRESENTED)

Corey Smith